

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>09/458,014</b>		Filing Date			
Applicant(s)							* May be used for additional claims or amendments					
CLAIMS	AS FILED <b>12-2-02</b>		AFTER FIRST AMENDMENT <b>12-5-03</b>		AFTER SECOND AMENDMENT <b>7-1-04</b>		12-2-02		12-5-03		7-1-04	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/							
2		/		/		/		/		/		/
3		/		/		/		/		/		/
4		/		/		/		/		/		/
5		/		/		/		/		/		/
6		/		/		/		/		/		/
7		/		/		/		/		/		/
8		/		/		/		/		/		/
9		/		/		/		/		/		/
10		/		/		/		/		/		/
11		/		/		/		/		/		/
12		/		/		/		/		/		/
13		/		/		/		/		/		/
14		/		/		/		/		/		/
15		/		/		/		/		/		/
16		/		/		/		/		/		/
17		/		/		/		/		/		/
18		/		/		/		/		/		/
19		/		/		/		/		/		/
20		/		/		/		/		/		/
21		/		/		/		/		/		/
22		/		/		/		/		/		/
23		/		/		/		/		/		/
24		/		/		/		/		/		/
25		/		/		/		/		/		/
26		/		/		/		/		/		/
27		/		/		/		/		/		/
28		/		/		/		/		/		/
29		/		/		/		/		/		/
30		/		/		/		/		/		/
31		/		/		/		/		/		/
32		/		/		/		/		/		/
33		/		/		/		/		/		/
34		/		/		/		/		/		/
35		/		/		/		/		/		/
36		/		/		/		/		/		/
37		/		/		/		/		/		/
38		/		/		/		/		/		/
39		/		/		/		/		/		/
40		/		/		/		/		/		/
41		/		/		/		/		/		/
42	/		/		/		/		/		/	
43		/		/		/		/		/		/
44		/		/		/		/		/		/
45		/		/		/		/		/		/
46		/		/		/		/		/		/
47		/		/		/		/		/		/
48		/		/		/		/		/		/
49		/		/		/		/		/		/
50		/		/		/		/		/		/
Total Indep							3		3		3	
Total Depend							50		48		52	
Total Claims							53		51		55	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>09/458,014</b>		Filing Date		
Applicant(s)											
* May be used for additional claims or amendments											
CLAIMS	AS FILED <b>1-10-05</b>		AFTER FIRST AMENDMENT <b>5-4-05</b>		AFTER SECOND AMENDMENT		<b>1-10-05</b>		<b>5-4-05</b>		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
Total Indep											
Total Depend											
Total Claims											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											
Total Indep											
Total Depend											
Total Claims											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.